## TRAVEL EXPENSE CLAIM

## See Instructions and \*Privacy Statement on separate docushare document

5						docum							of 1	Pages	
CLAIMANT'S NAME								SSAN OR EMPLOYEE NUMBER*				DEPARTMENT			
William Douglas Hoffner							Labor & Workforce Development Ag								
POSITION BARGAINING UNIT							DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE								
							Labor & Workforce Development Agency					gency	E 25		
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS					TELEPHONE NUMBE		JMBER	
							801 K Street, Suite 2101				ç		916-3	27-9064	
CITY STATE ZIP CODE						A figure to provide a staffing of the staff					STATE	ZIP CODE			
							Sacramento				CA			95814	
(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7)	) TRA		NSPORTATION		(8)	(9)	
03	2009	LOCATION					INCIDEN-	(A)	(B)	(C)	(D)		(5)	(3)	
(2)		WHERE EXPENSES			1	and the contract of the contra				CARFARE,	32.3				
Date	Time	WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO ar DINNER	TALS	COST OF TRANS	TYPE USED	TOLLS, PARKING	Miles	Amount	BUSINESS EXPENSE	TOTAL EXPENSE: FOR DAY	
16		Sacramento							PC		28.4	\$15.631		15.63	
24		Sacramento							PC	7.00	7.15	\$3.933		10.933	
											*				
													2.5		
		- Commission Core													
										•					
(10)	SUBTO	DTALS								7.00	35.6	\$19.564		\$26.56	
COLUMN CODE (ACCTG. USE ONLY)								rigaig					<b>\$20.00</b>		
	CLAIM	TOTAL												\$26.56	
(11) PURPOSE OF TRIP: (11A) Summa										(12) NOF	RMAL WORK	HOURS	L		
Cos					Description/ Cost Center Exp. Code Debit Amount			Activity Code Use Only							
3/16 Green Job Corps announcement at							Code				(13) PRI\	ATE VEHICL	E LICENSE		
American River College w/Governor  3/24 Green Collar Jobs Council meeting at											74.4\ \$40.5	ACE DATE (			
Radisson Hotel in Sacramento morning										(14) MILE	**SO.550	LAIMED			
		ing Professionals Legisl											COUNTING OF	FICE	
		n Sacramento afternoor											E ONLY		
					Total			Document Reference Prepa		ired By		PAID BY REVOLVIN	IG FUND CHECK N	UMBER	
Cai	tornia. It a	RTIFY That the above is a true stater privately owned vehicle was used, a	nd if mileage ra	tes exceed the	minimum ra	te I certify that	the cost of o	norating the vehic	do war	agual to or					
grea safe	iter than th ty and sea	ne rate claimed and that I have met it it belt usage ///	ne requirement	as prescribed	by SAM Sect	tions 0750, 075	1, 0752, 075	3, and 0754 perta	ining to	vehicle	-				
CLAIMANT SIGNATURE DATE						_	(16) SIGNATURE OF OPPICER APPROVING TRAVEL AND				ID PAYMENT			DATE	
> 3/26/0 17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 of rever						7								3-26-09	
) 31GN/ >	J CRE AN	THE OF AUTHORITY FOR SPEC	JIAL EXPENSE	s (See Hem 1	r om reverse	1)		- /	1	₩				DATE	
		•													